(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL095008 09/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAMBOO ROAD **DEERFIELD RIDGE ASSISTED LIVING BOONE, NC 28607** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Dennis Harrell on 9-14-2016. Records indicate this facility was first licensed on 3-25-1999. The facility is currently licensed for 96 beds including 44 beds in the SCU. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 with 1999 revisions of the North Carolina State Building Code(s), Intuitional Occupancy Unrestrained, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. C 111 C 111 Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the most recent Fire Marshal building safety inspection report was dated in March of 2015. Buildings must be inspected and approved annually as required to ensure all systems can operate properly an actual emergency. C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | ` '  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: 01 |  | (X3) DATE SURVEY<br>COMPLETED |                          |  |  |
|--|--|--|---|--|-------------------------------|--------------------------|--|--|
|  |  | HAL095008  | B. WING                                     |  | 09/                           | 14/2016                  |  |  |
| NAME OF I  | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE   |  |   |  |                               |                          |  |  |
| DEERFIELD RIDGE ASSISTED LIVING  287 BAMBOO ROAD BOONE, NC 28607                                     |  |  |   |  |                               |                          |  |  |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                         | PROVIDER'S PLAN OF CO<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY) | N SHOULD BE<br>E APPROPRIATE  | (X5)<br>COMPLETE<br>DATE |  |  |
| C 166  | FURNISHINGS  (a) Adult care home  (5) be maintained i orderly manner, fre hazards;  (e) This Rule shall facilities.  This Rule is not me Based on observati wands at both sinks long enough to read were no vacuum br water fixtures that a flood rim of the fixtusiphoning contamin | es shall:<br>in an uncluttered, clean and<br>e of all obstructions and<br>apply to new and existing  | er<br>e<br>n<br>e                           |  |                               |                          |  |  |
| C 185  | quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date and shift, staff members description of what (f) This Rule shall a facilities.  This Rule is not me 1. Based on a review                     | PHYSICAL PLANT 09 PLAN FOR  rehearsals of the fire plan hift in accordance with the local Fire Prevention Code al. earsals shall be maintained ed to the county department ually. The records shall d time of the rehearsals, the s present, and a short the rehearsal involved. apply to new and existing | e of  |  |                               |                          |  |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  |                     | (X3) DATE SURVEY<br>COMPLETED   |         |                          |  |  |
|--|--|--|---------------------|---|---------|--------------------------|--|--|
|  |  | HAL095008  | B. WING             |   | 09/     | 14/2016                  |  |  |
| NAME OF F  | PROVIDER OR SUPPLIER   | STREET AL  | DDRESS, CITY, S     | STATE, ZIP CODE   |         |                          |  |  |
| DEERFIELD RIDGE ASSISTED LIVING  287 BAMBOO ROAD BOONE, NC 28607                                     |  |  |                     |   |         |                          |  |  |
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| C 185  | of what the rehears  2. Based on review rehearsals are not be least one per shift of rehearse the fire pladelay in an actual effindings include:  a. In the 1st quarter rehearsal done durity to the learn of the lea | al involved.  of documents, fire drill being done regularly with at each quarter. Failure to an could lead to confusion and mergency.  or of this year, there was noting the 1st shift.  er of this year, there was no | C 185               |   |         |                          |  |  |
| 0 100  | SECTION .0300 - F<br>10A NCAC 13F .03<br>REQUIREMENTS<br>(a) The building an<br>mechanical, and plu<br>care home shall be<br>operating condition.<br>(k) This Rule shall<br>facilities with the ex<br>which shall not app  | PHYSICAL PLANT 11 OTHER  d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.                            | 0.100               |   |         |                          |  |  |
|  | doors to the dining closed to resist the Corridor doors that latch present the poin one space can quand the remainder of 2. Based on observire rated walls and/  | vation, the double corridor room will not latch when passage of fire and smoke. do not close completely and ossibility that a fire that begins uickly spread to the corridor   |                     |   |         |                          |  |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  |                     | (X3) DATE<br>COMI   | (X3) DATE SURVEY<br>COMPLETED  |                          |  |  |
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| C 189  | sealed with materia<br>one-hour fire rated<br>possibility that a fire<br>quickly spread to ot<br>Findings include:<br>a. Hole in the wall of<br>b. Hole in the ceiling<br>B-14 where a juncti | els approved for use in construction present the ethat begins in one space can ther areas of the facility.  under emergency light #26, ag of the corridor near room on box is hanging down. It is approved to the corridor of the corridor, and the corridor of the corridor of the corridor, and the corridor of the corridor of the corridor, and the corridor of the corrid | C 189               |   |                                |                          |  |  |

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